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論文名稱(中)	阻塞性睡眠呼吸中止症患者情緒狀態與疾病嚴重度的關聯：探討自主神經系統及嗜睡程度的中介影響

論 文 名 稱 (英)	The relationship between severity of obstructive sleep apnea syndrome and mood status: exploration of possible mediating effect of autonomic nerve function and level of sleepiness.
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(中)	
關鍵字 (英)	Obstructive sleep apnea syndrome Mood status Autonomic nerve function Sleepiness
摘要 (中)	<p>摘要 研究目的：阻塞性睡眠呼吸中止症候群（Obstructive sleep apnea syndrome; OSAS），其臨床症狀是在睡眠當中，上呼吸道反覆地阻塞，導致血中氧氣飽和度下降，並造成睡眠中經常性地被擾醒而睡眠片斷，且主觀抱怨白天嗜睡的一種睡眠疾患。雖然過去早期的研究曾報導 OSAS 患者有情緒困擾的比例顯著高於一般大眾，也指出 OSAS 會產生情緒及人格上的變化，但後續各研究對於 OSAS 與情緒方面的探討結果並不一致，無法證實 OSAS 與情緒變化的關聯性，有關 OSAS 與情緒之間的關聯也需待進一步釐清。本研究除了使用過去研究常測量的憂鬱及焦慮程度外，也進一步以包含多向度的情緒測量工具來評估情緒狀態，並希望透過 OSAS 疾病嚴重度的分組更清楚了解 OSAS 患者的情緒變化為何。另外，本研究更將探討 OSAS 對情緒的影響是否透過「自主神經系統變化」、「嗜睡程度」的中介影響，進一步了解 OSAS 患者的情緒狀態。方法：本研究共篩選出 56 名符合收案標準的 OSAS 患者，所有受試者均接受多頻道睡眠記錄（Polysomnographic；PSG）檢測以確定 OSAS 診斷，再安排進行心率變異度（Heart rate variability）測量，並填寫主觀自評問卷（Profile of Mood State；POMS、Beck anxiety inventory；BAI、Beck depression inventory；BDI-II、Epworth Sleepiness Scale；ESS），分別測量 OSAS 患者的「困惑」、「活力」、「疲勞」、「憤怒」、「自尊」、「緊張」、「沮喪」、「焦慮」、「憂鬱」以及「嗜睡程度」。除了基本的描述性統計外，透過相關探討各項 OSAS 指標與情緒困擾、自主神經系統、嗜睡程度間的關聯，再以變異數進行統計分析，比較各變項在不同 OSAS 嚴重程度間的差異，最後再以階層迴歸法進行統計分析，進一步了解各變項對於情緒評量的解釋及預測力。結果：研究結果發現 OSAS 嚴重程度與 OSAS 患者整體的焦慮評量有相關，特別是與 BAI 評量中「神經生理」、「自主神經症狀」兩項以生理症狀為主的因素達顯著相關，另外 POMS 中「困惑」負向情緒會隨著 OSAS 嚴重程度而改變，其他的情緒指標（「活力」、「疲勞」、「憤怒」、「自尊」、「沮喪」、「憂鬱」）則未有顯著差異。雖然結果顯示 OSAS 患者的嚴重程度的確與「自主神經系統」及「嗜睡程度」有相關，但此兩項變項並未與任何情緒指標呈現顯著相關，階層迴歸的分析的結果也不支持 OSAS 患者「自主神經系統」、「嗜睡程度」對 OSAS 與情緒變化的關聯有中介影響。結論：本研究發現 OSAS 患者的焦慮與困惑情緒會隨著疾病嚴重度而有所變化，但這些變化並非透過本研究假設的「自主神經系統」及「嗜睡程度」中介影響而產生，而可能是受其他因素的影響。在針對情緒評量中不同的因素分別分析之後發現，與 OSAS 嚴重度相關的情緒向度主要為生理的焦慮症狀，其他較屬於情緒困擾的主觀感受向度則鮮少有關聯，代表 OSAS 在情緒上的變化可能僅是部分反映 OSAS 的生理症狀，以及認知上對 OSAS 疾病的焦慮、困惑及擔心，而提高情緒評量的分數，並非實際上有憂鬱及焦慮的情緒困擾。研究者建議，臨床上除了關</p>

注 OSAS 患者呼吸中止所引起生理上相關的症狀外，也需注意患者對 OSAS 疾病所產生認知上的困惑及擔心感覺。

摘要 (英)

Abstract Objective : Obstructive sleep apnea syndrome (OSAS) is a sleep disorder characterized by repeated obstruction in the upper airway that leads to oxygen desaturation and frequent arousals during sleep and excessive sleepiness during the day. Although previous studies indicated that OSAS patients showed more mood disturbances than normal subject, the findings were not consistent across studies. In order to further clarify this issue, the present study utilized measures for multiple dimensions of mood in addition to measures of depression and anxiety commonly used in previous studies. Furthermore, this study assessed the potential mediating effects of autonomic nervous function and sleepiness in the relationship between OSAS and mood. Methods : Fifty six OSAS patients participated in this study. All subjects were diagnosed with OSAS with an overnight polysomnographic recording. They were then arranged for a heart rate variability testing for the assessment of autonomic nervous function. In addition, they were asked to fill in subjective rating scales to assess mood status (including the Profile of Mood State [POMS], Beck Anxiety Inventory [BAI] and Beck Depression Inventory [BDI] and level of sleepiness (Epworth Sleepiness Scale [ESS]). Results : The results showed significant correlations between OSAS severity and anxiety ratings, especially in BAI factors of “neurophysiological symptoms” and “autonomic symptoms” . In addition, the “confusion” mood on the POMS was significant different in patients with different severities of OSAS. The other aspects of mood, including the vigor, fatigue, anger, esteem, and depression, showed no significant relationships with OSAS severity. In terms of the potential mediating factors, although OSAS severity correlated significantly with autonomic nerve function and level of sleepiness, there was no correlation between those two factors and mood ratings. The results of hierarchical regression analysis did not support the mediating effects of autonomic nerve function and level of sleepiness. Conclusion : The results support that OSAS severity may have an effect on subjective feelings of anxiety and confusion. However, these effects are not brought by the hypothesized mediating factors of autonomic nerve function and sleepiness. Since the symptoms showed highest association with OSAS severity are the physiological symptoms of anxiety, an alternative explanation of the findings is that the mood changes in OSAS may reflect the physical symptoms and physiological consequences of OSAS rather than mood disturbances. The findings implied that clinical assessment and intervention of OSAS should pay attention not only to the direct physiological symptoms of OSAS but also the symptoms associated with confusion and worry.

論 文 目 次	目錄 中文摘 要 2 英文摘 要 4 致 謝 6 目 錄 8 第一章 緒論 第一節 研究動機與目的
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11	第二章 文獻探討 第一節 阻塞性睡眠呼吸中止症候群的臨床診斷及影響	14
	第二節 阻塞性睡眠呼吸中止症候群與情緒相關議題之探討	15
	第三節 阻塞性睡眠呼吸中止症候群與自主神經系統相關議題之探討 ...	18
	第四節 阻塞性睡眠呼吸中止症候群與白天嗜睡之相關探討	23
	第五節 研究目的	24
	第三章 研究設計與實施 第一節 研究對象	26
	第二節 研究工具	27
	第三節 研究流程	33
	第四節 資料分析	34
	第四章 研究結果 第一節 受試者的基本人口學統計資料	35
	第二節 OSAS 患者的情緒評量	37
	第三節 OSAS 患者在自主神經系統上的變化，以及	43
	自主神經系統與情緒狀態的關係 第四節 OSAS 患者在嗜睡程度上的變化，以及	50
	嗜睡程度與情緒的關係 第五章 討論 第一節 OSAS 患者的情緒評量	54
	第二節 OSAS 患者自主神經系統變化與情緒評量之間的關聯	56
	第三節 OSAS 患者嗜睡程度與情緒評量之間的關聯	57
	第四節 結論	58
	參考文獻	61
	表目錄 表 3-2-1 本研究所使用的 HRV 指標	29
	表 3-2-2 貝克焦慮量表項目分析成分-總分相關係數表	31
	表 3-2-3 貝克焦慮量表校正過的項目-總分相關係數表	31
	表 4-1-1 OSAS 患者在 PSG 各項指標上的基本統計資料	36
	表 4-2-1 OSAS 患者在各項情緒測驗的表現	37
	表 4-2-2 呼吸阻塞指標與情緒評量的 Pearson 相關係數	39
	表 4-2-3 血氧下降指標與情緒評量的 Pearson 相關係數	40
	表 4-2-4 睡眠片斷指標與情緒評量的 Pearson 相關係數	41
	表 4-2-5 AHI 高、低分組在情緒評量上的差異	42
	表 4-3-1 呼吸阻塞指標與自主神經系統的 Pearson 相關係數	43
	表 4-3-2 血氧下降指標與自主神經系統的 Pearson 相關係數	44
	表 4-3-3 睡眠片斷指標與自主神經系統的 Pearson 相關係數	45
	表 4-3-4 AHI 高、低分組在自主神經系統上的差異	45
	表 4-3-5 自主神經系統與情緒評量的 Pearson 相關係數	46
	表 4-3-6 AHI 與 BAI 中「神經生理」因素的階層式迴歸分析表	47
	表 4-3-7 自主神經系統、AHI 與 BAI 中「神經生理」因素的	48
	階層式迴歸分析表 表 4-3-8 AHI 與 BAI 中「自主神經症狀」因素的階層式迴歸分析表 ...	49
	表 4-3-9 自主神經系統、AHI 與 BAI 中「自主神經症狀」因素的	49
	階層式迴歸分析表 表 4-4-1 嗜睡程度與各項睡眠呼吸中止指標的 Pearson 相關係數	50
	表 4-4-2 嗜睡程度與情緒的 Pearson 相關係數	51
	表 4-4-3 嗜睡程度、AHI 與 BAI 中「神經生理」因素的	52
	階層式迴歸分析表 表 4-4-4 嗜睡程度、AHI 與 BAI 中「自主神經症狀」因素的	53
	階層式迴歸分析表 附錄 附錄一 盤斯心情量表	68
	附錄二 艾普沃斯嗜睡問	

	卷 69 圖目錄 圖 1-1-1 本研究假設之 OSAS 患者與情緒變化關係圖 13
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